

APPLICATION FOR EMPLOYMENT

DATE
POSITION DESIRED
DATE AVAILABLE
INTERVIEWED BY

NAME (First) (Middle) (Last) SPOUSE'S NAME

HOME ADDRESS CITY STATE/ZIP HOME PHONE

BIRTH DATE SOCIAL SECURITY NO. E-mail address (required)

If you are under age 18, can you submit a work permit if hired? YES NO; Are you a US citizen? YES NO

If NO, do you have a VISA to work in the US? YES NO; if YES, what kind of VISA classification? _____

VISA Registration #: _____; Expiration date _____

EDUCATION (Attached documentation of qualifying education)

DIPLOMA

	PLACE	DATES	CERT. OF DEGREE
Elementary			
High School			
College			
Other			

Experience with groups of children (indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Can you lift at least 20 pounds? Yes or No. If No, please explain. _____

HAVE YOU ATTENDED OR COMPLETED ANY CHILD CARE TRAINING COURSES? YES NO IF YES, LIST:

TEN YEAR EMPLOYMENT HISTORY: BEGIN WITH YOUR MOST CURRENT OR LAST EMPLOYER. IF YOU HAVE BEEN UNEMPLOYED DURING ANY TIME WITHIN THE PAST 10 YEARS, LIST HOW YOU SPENT YOUR TIME, e.g., STUDENT, HOUSEWIFE, UNEMPLOYED, ETC..

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION
FROM ----- TO		
FROM ----- TO		
FROM ----- TO		

MAY WE CONTACT PREVIOUS EMPLOYERS? _____

DO YOU HAVE A CRIMINAL RECORD? [] YES [] NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN SHOWN BY CREDIBLE EVIDENCE, e.g., A COURT ORDER OR JURY, A DEPARTMENT INVESTIGATOR OR OTHER RELIABLE EVIDENCE TO HAVE ABUSED, NEGLECTED OR DEPRIVED A CHILD OR ADULT OR TO HAVE SUBJECTED ANY PERSON TO SERIOUS INJURY AS A RESULT OF INTENTIONAL OR GROSSLY NEGLIGENT MISCONDUCT AS EVIDENCED BY AN ORAL OR WRITTEN STATEMENT TO THIS EFFECT OBTAINED AT THE TIME OF APPLICATION? [] YES [] NO

IF YES, EXPLAIN: _____

Under the Americans with Disabilities Act of 1991, this program is required to reasonable accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and required accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? [] YES or [] NO If No, please explain. _____

DO YOU HAVE ANY HEALTH CONDITIONS? [] YES or [] NO IF YES, PLEASE EXPLAIN _____

DO YOU HAVE A VALID DRIVER'S LICENSE? [] YES or [] NO. IF YES, GIVE LICENSE NUMBER AND CLASS.

LICENSE: _____ CLASS TYPE _____

HAVE YOU HAD CPR WITHIN THE PAST TWO YEARS? ____ IF YES, GIVE EXPIRATION DATE: _____

HAVE YOU HAD FIRST AID TRAINING WITHIN THE PAST THREE YEARS? ____ IF YES, GIVE EXPIRATION DATE: _____

BRIGHT FROM THE START REQUIRES ANNUAL CHILD CARE TRAINING, ARE YOU WILLING TO PARTICIPATE? _____

I CERTIFY THAT ALL INFORMATION ON THIS APLPLICATION IS CORRECT. I HAVE NOT GIVEN ANY FALSE STATEMENTS CONCERNING MY QUALIFICATION REQUIREMENTS.

SIGNATURE _____ DATE _____

